Ste	p 1: Provide your information			If you ar	Reporting Period re a quarterly filer:						
Federal employer identification number (FEIN) Seq. number Business name C/O			Check this box if your business name has changed. Check this box if you have an address	Check the quarter you are amending. 1st (January, February, March) 2nd (April, May, June) 3rd (July, August, September) 4th (October, November, December) If you are an annual filer: Check the box if you are amending an annual return.							
						Mailing address					
						City	State	-	change.	Check the bo	January — December
						Ste	ep 2: Tell us about your business				
A	If your business has permanently stopped withholding because it has closed no longer pay wages, check the box and write the date you stopped paying wa								A \[\frac{1}{Month} / \frac{1}{Day} / 2013		
Ste	p 3: Tell us your payroll information		Column A		Column B						
1	Write the total compensation and gambling winnings (including Illinois Lottery winnings) subject to withholding this period.	1	Most recent amount	•	Corrected amount						
Ste	ep 4: Tell us your withholding and previous over	pav	/ments								
2	Write the amount of Illinois Income Tax actually withheld for this period.	-			2						
3	If applicable, attach W-2-C forms. Write the total of all overpayments (whether or not received) you reported on your original return or previously filed IL-941-X.				3						
4	Add Column B, Lines 2 and 3 and write the total amount here.				4						
C+c	on Fr. Tall up about your neymonts and aradita										
5	ep 5: Tell us about your payments and credits Write the total amount of withholding payments you have made during this										
3	period. This includes all IL-501 payments (electronic and paper coupons), as well as any subsequent payments. Do not include any penalty or interest paid										
6	Write the amount of any credit carried forward from any prior period.				6						
7	Write the total amount of credits you have received through DCEO.				7						
8	Add Lines 5 through 7 and write the total amounts here.	8			8						
Ste	ep 6: Figure your credit or the amount you owe										
9	If Line 4 is greater than Column B, Line 8, subtract Column B, Line 8, from Lin balance due. Make your payment electronically (semi-weekly payers must paremittance payable to "Illinois Department of Revenue" and go to Step 7.				9						
10	If Line 4 is less than Column B, Line 8, subtract Line 4 from Column B, Line 8. Note: You must complete Line 11.	This	is your overpay r	nent.	10						
11	Check the appropriate box to tell us what to do with your overpayment and complete the Overpayment Worksheet on Page 2 to explain the reason for your overpayment. Note : Checking the refund box does not guarantee a ref	und.		Credit Refund							
	ep 7: Sign here er penalties of perjury, I state that, to the best of my knowledge, this return is tru	e, co	rrect, and comple	te.							
Signa	ture ()	/ _ h	Day / Year	disc	ck this box if we may uss this return with the parer shown in this step.						
Signa	ature of Preparer	/ _ h [/ Day Year								

Mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19016 **SPRINGFIELD IL 62794-9016**

NSX

Overpayment Worksheet					
If you checked either box on Line 11, you must check at least one or more boxes below. Note: Overpayments are usually issued as credits. Refunds are only approved if you cannot use your credit.					
a. I made an additional payment that was not needed for my tax liability.					
b. I sent a payment to the Illinois Department of Revenue that was intended for the Internal Revenue Service or another entity.					
c. I am a sole-proprietor and I withheld tax from my employees but I am not required to withhold on my income.					
d. I am a sole-proprietor that registered in error for withholding income tax and I have no employees.					
e. I withheld tax from an employee in error and have repaid the excess withholding to the employee. Note: Attach W-2-C forms.					
f. I copied information incorrectly or made a mathematical error on the original return that did not affect the tax withheld from my employees.					
g. I am reducing withholding because I reported third party sick pay on Step 4, Line 2.					
h. Other:					
Go back to Page 1, Step 7, to sign your return.					